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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION**

<input type="checkbox"/> Declaration	<input checked="" type="checkbox"/> Declaration	
Submitted	OR	Submitted after Initial
with Initial		Filing (surcharge)
Filing		(37 CFR 1.16(e)) Required)

Attorney Docket No.	MCA-617
First Named Inventor	William Kopaciewicz
COMPLETE IF KNOWN	
Application Number	10/689,121
Filing Date	October 20, 2003
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MULTI-SIDED IMMERSION FORMATION OF COMPOSITE STRUCTURES AND METHOD

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) **October 20, 2003** as United States Application Number or PCT International

Application Number 10/689,121 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input data-bbox="874 1469 899 1472" type="checkbox"/> <input data-bbox="874 1474 899 1478" type="checkbox"/>	<input data-bbox="1055 1469 1080 1472" type="checkbox"/> <input data-bbox="1055 1474 1080 1478" type="checkbox"/>	<input data-bbox="1313 1469 1339 1472" type="checkbox"/> <input data-bbox="1313 1474 1339 1478" type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/420,231	10/22/2002	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

DECLARATION – Utility or Design Patent Application

Direct all correspondence to:

 Customer Number

Name	Kevin S. Lemack				
Address	Nields & Lemack				
	176 E. Main Street – Suite 7				
City	Westboro	State	MA	Zip Code	01581
Country	US	Telephone	508-898-1818	Fax	508-898-2020

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---------------------------------	---

Given Name (first and middle [if any])	William	Family Name or Surname	Kopaciewicz
---	---------	---------------------------	-------------

Inventor's Signature				Date 12/1/03
Residence: City	West Newbury	State	MA	Country US
				Citizenship US

Mailing Address 32 Archalaus Place

City	West Newbury	State	MA	Zip	01985	Country	US
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NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
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Given Name (first and middle [if any])	Phillip	Family Name or Surname	Clark
---	---------	---------------------------	-------

Inventor's Signature				Date 12/1/03
Residence: City	Wakefield	State	MA	Country US
				Citizenship US

Mailing Address 14 Richardson Avenue

City	Wakefield	State	MA	Zip	01880	Country	US
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Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

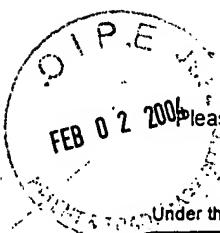
DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
David		Brewster	
Inventor's Signature			12-01-03 Date
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Mailing Address 9 Carver Street			
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ZIP	01915	Country	US

Name of Additional Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country

Name of Additional Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country



FEB 02 2003 Please type a plus sign (+) inside this box

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/689,121
Filing Date	October 20, 2003
First Named Inventor	William Kopaciewicz
Group Art Unit	
Examiner Name	
Attorney Docket Number	MCA-617

I hereby appoint:

 Practitioners at Customer NumberPlace Customer
Number Bar Code
Label here

OR

 Practitioner(s) named below:

Name	Registration Number
Kevin S. Lemack	32,579
Henry C. Nields	17,029
Robert Frame	54,104

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Kevin S. Lemack			
Address	Nields & Lemack			
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Country	U.S.A.			
Telephone	(508) 898-1818	Fax	(508) 898-2020	

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	William Kopaciewicz	Phillip Clark	David Brewster
Signature			
Date	12/01/03	12/01/03	12/01/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of forms are submitted.